

Best Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	MP	67817	10/20/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	H-S GS Tequest	JF 866 573 925	11-16-00 05-14-Ci 06-18-01

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)...	Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	✓	3/25/00
2	✓	✓	3/25/00
3	✓	✓	3/25/00
4	✓	✓	3/25/00
5	✓	✓	3/25/00
6	✓	✓	3/25/00
7	✓	✓	3/25/00
8	✓	✓	3/25/00
9	✓	✓	3/25/00
10	✓	✓	3/25/00
11	✓	✓	3/25/00
12	✓	✓	3/25/00
13	✓	✓	3/25/00
14	✓	✓	3/25/00
15	✓	✓	3/25/00
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If more than 150 claims or 10 actions
staple additional sheet here

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